	gency Report of:	•					
	eremonial Role Events and cket/Admission Distribution				FOEN/EDA	Public Document	
1. Agency Name							
1.					Date Stamp	California 802	
	CITY OF NEWPORT BEACH Division, Department, or Region (if applicable)			2012	MAR 30 AM 10: 4?	For Official Use Only	
	a constant of the second of th				OFFICE OF		
	treet Address			1 - WALLE IV - 12-28	THE CITY CLERK		
	3300 Newport Boulevard, Newport	00 Newport Boulevard, Newport Beach, CA 92663			THE CITY CLERK Y OF MEMPORT BEACH	×	
	Designated Agency Contact (Name, Tital				D Amondment ///		
	avid A. Kiff, City Manager				Amendment (Must provide explanation in Part 3.)		
	rea Code/Phone Number E-mail				Date of Original Filing:		
	49-644-3005 Ibrown@newportbeachca.gov					(,, , , , ,,	
2.	Function, Event, or Ceremonial Role Information						
	Title Newport Beach Film Festival Face Value of Each Admission \$ 12,00						
Title Newport Beach Film Festival Face Value of Each Admission \$						ion \$	
	Description Screening of "Bully" Date(s) 03 20						
	Ticket(s)/Admission(s) provided by agency? Yes \(\text{No} \) If no: \(\frac{\text{Newport Beach Film Festival/Film Society}}{Name of Source} \) Was the distribution to persons identified below made at the behest of an agency official? Yes \(\text{No} \) If yes: \(\text{Official's Name (Last, First) and Title} \)						
The identity of recipient(s) and the explanation:							
						inial alaima adminalan sa	
	Name (Last, First) Number of Agenc			taxable i	 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, 		
	or Organization	1101111001 01			also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.		
				ceremon			
		2	Yes 🔽	7	n of City-sponsored organization		
	Steve Rosansky		No 🗖	Promotion			
			Yes 🗖			Income	
	3		No 🗖				
			Yes □			Income	
	1		No 🗆				
			Yes 🗖			Income	
			No 🗆	-			
			Yes ☐ No ☐			Income	
_	Manifia aki an		140 11				
3.	Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.						
	David A. Kiff			City	Manager	3/29/12	
	Signature of Agency Head or Designee Print Name				Title	(month, day, year)	
	Comment: (Use this space or an attachment for any additional information including amendment explanation.)						

